Out-Of-State Travel Waiver Justification

000 261

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1	Contact E-mail: kenneth.paulsen@iowa.gov
Name of Person Attending: Kenneth Paulsen	Working Title: Executive Officer
Department of Administrative Services	Division/Bureau/Section: Procurement Services
Will this trip require an overnight stay outside of lowa? No: Yes: XX	(If No, you do not need this waiver)
City (Cities) Traveling To: St. Paul, MN	Dates of Travel: April 25, 2011
	(If after June 30, 2011 - you DO NOT need this waiver.)
Funding Source: Appropriated State:%	Other: 100% If Other, Specify: MMCAP
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	Is, Registration, Parking, etc): \$757.00
Does this Trip Require Executive Council Approval for Conference/Convent	ion? No: Yes: XX
If Yes, Have You Received Approval? No: XX Yes: \(\square\) If Yes, Date:	
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties. (Cite the specific statute.)	£.
Has potential to bring cost savings or enhanced revenues to the state. program that will receive the cost savings or enhanced revenues and p	(Cite the specific
of the saving or revenues attributable to the travel.)	
XX Has a benefit or potential benefit which significantly outweighs the pot current Executive Council Fact Sheet for qualifying criteria and provide the lines below. (If nonrefundable ticket is the justification, date of pur	that information on
This meeting of project evaluators for the Minnesota Multistate Contracting	
with the vendors that submitted proposal for the MMCAP Medical Supplies a	nd Non-Pharmacy Products hid process. The final contracts
Resulting from this evaluation process will be used by the participating state	as of the MMCAP alliance
Department Director Signature: Intanol	Date: 4/(3/U
Department Director Printed Name: Mike Carroll	-
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov
Additional information to assist you in completing this	form
See Fact Sheet for more complete information.	Villa.
This waiver is required by HF45 from March 7 until June 30, 2011.	APPROVED Executive Council
If no overnight stay is required at a location out-of-state, the travel is incidental and no waiver form needs to be submitted.	Considered
The Council meets each Monday at 10:00 a.m. Deadline for waiver	is the previous APR 2 5 2011
Wednesday at 12:00 noon. If your travel requires both Executive Council approval and the waiv	or justification
due to a convention/conference, note that both processes must be	completed
separately. See Fact Sheet for further explanation.	
	xecutive Council Approval

000 262

Out-Of-State Travel Waiver Justification

This walver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1-Stale EE 3 Board Members		
Name of Person Attending: Jodi Adams Working Title: Execu	thre Officer	
Department: Towa Alchdect Boars Division/Bureau/Section:	OLB	
Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this	walver)	
City (Cities) Traveling To: Washington OC Dates of Travel: June	21-26,2011	
Funding Source: Appropriated State: _% Federal: _% Sother O2% If Other, Spec (If the appropriated state funds are 0% - you do not need this waiver)	HY: NUALB 85%	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):	Jowa +430	
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes:	NCARB \$ 2321.45	
If Yes, Have You Received Approval? No: \(\) Yes: \(\) If Yes, Date: Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
Working with other 55 jungsductions on standardized CPE	legureement and	
definition of Safety Health and Welfare, Learing about	BEA and BEAF	
1 2 -		
Department Director Signature Comes 10/2 Department Director Signature 4-18	-//	
This form must be signed by a department head or agency director. Email a PDF of the form to e	was and have a supplied to use state	
the state of the s	xecunvecounchwidwa.uov	
Additional information to assist you in completing this form.	Executive Council Approval	
See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011.	APPROVED	
If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.	Executive Council	
The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.	APR 2 5 2011	
If your travel requires both Executive Council approval and the waiver justification		
due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.		

Out-Of-State Travel Waiver Justification

000 203

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2		
Name of Person Attending: Gregg Schochenmaier	Working Title: General Counsel	
Department: IPERS	Division/Bureau/Section:	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)	
City (Cities) Traveling To: Seattle WA	Dates of Travel: June 21-24, 2011	
Funding Source: Appropriated State:%	Other:% If Other, Specify:100% IPERS Trust Fund 0% - you do not need this waiver)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals,	, Registration, Parking, etc): \$2,454.12	
Does this Trip Require Executive Council Approval for Conference/Conventio	n? No: ☐ Yes: ⊠	
If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: 4/18/11 Reason for Travel Waiver (Select one)		
☐ Fulfills statutorily required duties (Cite the specific statute) lowa Code	e 97B.4	
Has potential to bring cost savings or enhanced revenues to the state (C program that will receive the cost savings or enhanced revenues and proof the saving or revenues attributable to the travel)	cite the specific ovide an estimate	
Has a benefit or potential benefit which significantly outweighs the poter the current Executive Council Fact Sheet for qualifying criteria and provinformation on the lines below.		
IPERS and its employers and members. The number one goal for necessary to maintain IPERS tax-qualified status. There is a vast a announcements that will be effectively presented by NAPPA eduenvironment above and beyond federal and state taxation. The as ethics and fiduciary responsibility, CFIC/SEC compliance and federal legislation other than tax (e.g., age discrimination), and c issues). This conference is also discussing the administration of state extend Social Security coverage to state employees. IPERS is the	our pension attorneys is to obtain the knowledge and information array of federal tax qualification statues, regulations, notices, and ucators. In addition, IPERS is subject to a wide-ranging regulatory NAPPA conference provides experts in a broad array of disciplines, such enforcement, DOL regulations, actuarial and accounting standards, a multitude of investment issues (just one example, divestment-related atte Social Security 218 Agreements. These are the agreements which social Security Administrator for lowa and administers the lowa 218 posed IPERS legislation has significant Social Security coverage issues.	
Department Director Signature	Date: 4/18/11	
This form must be signed by a department head or agency dir	rector. Email a PDF of the form to executivecouncil@iowa.gov	

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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Executive Council

APR 2 5 2011

Executive Council Approval

Out-Of-State Travel Waiver Justification

000 264

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2	
Name of Person Attending: Kelly Lovell	Working Title: Senior Counsel
Department: IPERS	Division/Bureau/Section:
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
City (Cities) Traveling To: Seattle WA	Dates of Travel: June 21-24, 2011
Funding Source: Appropriated State:%	Other:% If Other, Specify:100% IPERS Trust Fund 100% - you do not need this waiver)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals,	, Registration, Parking, etc): \$2,454.12
Does this Trip Require Executive Council Approval for Conference/Conventio	n? No: ☐ Yes: ⊠
If Yes, Have You Received Approval? No: ☐ Yes: ☑ If Yes, Date: Reason for Travel Waiver (Select one)	4/18/11
Fulfills statutorily required duties (Cite the specific statute) lowa Cod	e 97B.4
Has potential to bring cost savings or enhanced revenues to the state (C program that will receive the cost savings or enhanced revenues and proof the saving or revenues attributable to the travel)	cite the specific ovide an estimate
Has a benefit or potential benefit which significantly outweighs the potenthe current Executive Council Fact Sheet for qualifying criteria and provinformation on the lines below.	
IPERS and its employers and members. The number one goal for necessary to maintain IPERS tax-qualified status. There is a vast a announcements that will be effectively presented by NAPPA edu environment above and beyond federal and state taxation. The as ethics and fiduciary responsibility, CFTC/SEC compliance and federal legislation other than tax (e.g., age discrimination), and c issues). This conference is also discussing the administration of state extend Social Security coverage to state employees. IPERS is the	n opportunity to become better and more cost-effective advocates fo our pension attorneys is to obtain the knowledge and information irray of federal tax qualification statues, regulations, notices, and ucators. In addition, IPERS is subject to a wide-ranging regulatory NAPPA conference provides experts in a broad array of disciplines, such enforcement, DOL regulations, actuarial and accounting standards, a multitude of investment issues (just one example, divestment-related the Social Security 218 Agreements. These are the agreements which social Security Administrator for lowa and administers the lowa 218 posed IPERS legislation has significant Social Security coverage issues.
Department Director Signature Omne MMueller	Date: 4/18/11
This form must be signed by a department head or agency dir	ector. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council

000 265

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	1	_ Contact E-mail: _	Terry.witkowski@iowa.gov
Name of Person Attending:	Therese Witkowski	Working Title:	Executive Officer
Department: Public Health		_ Division/Bureau/S	Section: Board of Pharmacy
Will this trip require an oven	night stay outside of lowa? No: 🗌 Yes: 🛛	(If No, you do not no	eed this waiver)
City (Cities) Traveling To:	St. Louis, MO	Dates of Travel:	5/11/2011 to 5/13/2011
• •		(If after June 30, 2	011 – you DO NOT need this waiver.)
Funding Source: Appr	opriated State:%	Other: 100% If Con 0000 - you DO NOT	Other, Specify: Retained fees need this waiver.)
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Me	als, Registration, Par	king, etc): \$753.22
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☐			
If Yes, Have You Received A	Approval? No: 🛛 Yes: 🗌 If Yes, Date	e:	
Reason for Travel Waiver (S	AND CONTROL OF THE STATE OF THE	51-124.556 establishes	s program to be administered by Board of Pharmacy
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)			
lowa Code section 124.556 requires that the lowa PMP include educational initiatives and outreach to prescribers. The National 2011 PMP Meeting on			
Practitioner Education and the Utilization of PDMP Data will assist me to better understand how the lowa PMP can be an effective tool for			
Patient care and how I can I	better impart that information to practitioners,	to increase program	utilization for the benefit of lowa patients.
Department Director Signature: Marionalto Miles. Much Date: 18 april 204			
Department Director Printed	d Name: Mariannette Miller-Meeks, MD	_	

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 14 7 ft		
Name of Person Attending: Mike Halverson	Working Title: Criminalist/DNA Technical Leader	
Department: DPS	Division/Bureau/Section: DCI Crime Laboratory	
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)	
City (Cities) Traveling To: Salina, KS	Dates of Travel: May 31-June 2, 2011	
Funding Source: Appropriated State: 100% Federal: % (If the appropriated state funds is 0% - y		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$185	
Does this Trip Require Executive Council Approval for Conference/Convention	n? No: ☐ Yes: ⊠	
If Yes, Have You Received Approval? No: \boxtimes Yes: \square If Yes, Date:		
Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties (Cite the specific statute)	And the state of t	
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
This Bloodstain pattern analysis training is one of the best trainings in the region on how to analyze, document, and interpret bloodstains. As bloodstain pattern analysts, we typically observe many different pattern types of bloodshed at crime scenes and it is crucial that we are able to correctly analyze these patterns to determine the mechanism(s) that caused these patterns during bloodshed. The correct analysis of bloodstains at crime scenes helps us, as bloodstain pattern analysts, to give guidance to major case investigators on death investigations and allows us to reconstruct the events that involve bloodshed at major crime scenes.		
Currently the state of lowa has very few qualified bloodstain pattern analysts. This training is supportive of a laboratory initiative to train additional analysts on the subject of bloodstain pattern analysis. The expense (\$185.00 per person) is minimal to progression towards achievement of this goal.		
Additionally: In 2004 the court surcharge on criminal fines was increased from 30% to 32%. The additional 2% was to form the basis of a fund for the repair, replacement and maintenance of scientific equipment at the DCI Laboratory, and to provide funds for training of DCI Laboratory personnel. This funding is assigned to cost center 296A. The training is essential to keep on top of developments in forensic science and to maintain the expert status of our forensic examiners. We feel it is important to be in attendance at this event, and so we respectfully request approval to utilize funding from cost center 296A to cover the expenses of this trip.		
Department Director Signature	Date: 4/12/11	

This form must be signed by a department head or agency director. Email a PDF of the form to executive council

Out-Of-State Travel Waiver Justification

000 267

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4		
Name of Person Attending: Amanda Kilgore	Working Title: Criminalist	
Department: DPS	Division/Bureau/Section: DCI Crime Laboratory	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)	
City (Cities) Traveling To: Salina, KS	Dates of Travel: May 31-June 2, 2011	
Funding Source: Appropriated State: 100% Federal: % (If the appropriated state funds is 0% -	Other:% If Other, Specify:you do not need this waiver)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	s, Registration, Parking, etc): \$185	
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: ☐ Yes: ☒	
If Yes, Have You Received Approval? No: 🔀 Yes: 🗌 If Yes, Date:		
Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
This Bloodstain pattern analysis training is one of the best trainings in the region on how to analyze, document, and interpret bloodstains. As bloodstain pattern analysts, we typically observe many different pattern types of bloodshed at crime scenes and it is crucial that we are able to correctly analyze these patterns to determine the mechanism(s) that caused these patterns during bloodshed. The correct analysis of bloodstains at crime scenes helps us, as bloodstain pattern analysts, to give guidance to major case investigators on death investigations and allows us to reconstruct the events that involve bloodshed at major crime scenes.		
Currently the state of lowa has very few qualified bloodstain pattern analysts. This training is supportive of a laboratory initiative to train additional analysts on the subject of bloodstain pattern analysis. The expense (\$185.00 per person) is minimal to progression towards achievement of this goal.		
Additionally: In 2004 the court surcharge on criminal fines was increased from 30% to 32%. The additional 2% was to form the basis of a fund for the repair, replacement and maintenance of scientific equipment at the DCI Laboratory, and to provide funds for training of DCI Laboratory personnel. This funding is assigned to cost center 296A. The training is essential to keep on top of developments in forensic science and to maintain the expert status of our forensic examiners. We feel it is important to be in attendance at this event, and so we respectfully request approval to utilize funding from cost center 296A to cover the expenses of this trip.		
Department Director Signature 52112 Date: 4/14/11		

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

APPROVED
Executive Council

Out-Of-State Travel Waiver Justification

000 268

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 4	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Name of Person Attending: Amy Pollpeter	Working Title: Criminalist	
Department: DPS	Division/Bureau/Section: DCI Crime Laboratory	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)	
City (Cities) Traveling To: Salina, KS	Dates of Travel: May 31-June 2, 2011	
Funding Source: Appropriated State: 100% Federal:% (If the appropriated state funds is 0% - y	Other:% If Other, Specify:ou do not need this waiver)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$185	
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: ☐ Yes: ⊠	
If Yes, Have You Received Approval? No: ⊠ Yes: ☐ If Yes, Date: Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties (Cite the specific statute)		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)		
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.		
This Bloodstain pattern analysis training is one of the best trainings in the region on how to analyze, document, and interpret bloodstains. As bloodstain pattern analysts, we typically observe many different pattern types of bloodshed at crime scenes and it is crucial that we are able to correctly analyze these patterns to determine the mechanism(s) that caused these patterns during bloodshed. The correct analysis of bloodstains at crime scenes helps us, as bloodstain pattern analysts, to give guidance to major case investigators on death investigations and allows us to reconstruct the events that involve bloodshed at major crime scenes.		
Currently the state of lowa has very few qualified bloodstain pattern analysts. This training is supportive of a laboratory initiative to train additional analysts on the subject of bloodstain pattern analysis. The expense (\$185.00 per person) is minimal to progression towards achievement of this goal.		
Additionally: In 2004 the court surcharge on criminal fines was increased from 30% to 32%. The additional 2% was to form the basis of a fund for the repair, replacement and maintenance of scientific equipment at the DCI Laboratory, and to provide funds for training of DCI Laboratory personnel. This funding is assigned to cost center 296A. The training is essential to keep on top of developments in forensic science and to maintain the expert status of our forensic examiners. We feel it is important to be in attendance at this event, and so we respectfully request approval to utilize funding from cost center 296A to cover the expenses of this trip.		
Department Director Signature	Date: 4/17/11	

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov

APPROVED

Executive Council

APR 2 5 2011

Page 1 of 1

Out-Of-State Travel Waiver Justification

000 269

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	
Name of Person Attending: Jonathan Bergman	Working Title: Assistant Attorney General
Department: Attorney General	Division/Bureau/Section: Special Litigation
Will this trip require an overnight stay outside of lowa? No:	Yes: (If No, you do not need this walver)
City (Cities) Traveling To: San Diego, CA	Dates of Travel: 3/14/11-3/18/11
	% ☐ Other:% If Other, Specify: National Association of Attorney ds is 0% - you do not need this waiver) ging, Meals, Registration, Parking, etc): ▼50,00 - plane frauel
Does this Trip Require Executive Council Approval for Conference	
	/es, Date:
Fulfills statutorily required duties (Cite the specific statute)	*
Has potential to bring cost savings or enhanced revenues to a program that will receive the cost savings or enhanced revenue of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweigh the current Executive Council Fact Sheet for qualifying criteri information on the lines below.	hs the potential cost. See
	for \$50,00 in boggage check Pear.
Department Director Signature The Department Director Signature	Date: 4/19/11
This form must be signed by a department head or agence	cy director. Email a PDF of the form to executivecouncil@iowa.gov
	Executive Council Approval
Additional information to assist you in complete See Fact Sheet for more complete inform This waiver is required by HF45 from March 7 until June 3 If no overnight stay is required at a location out-of-state, the incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline Thursday at 12:00 noon.	mation. 30, 2011. he travel is considered APPROVED Executive Council

If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed

separately. See Fact Sheet for further explanation.

000 270

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1	
Name of Person Attending: Steve St. Clair	Working Title: Assistant Attorney General
Department: Attorney General	Division/Bureau/Section: Consumer Protection
Will this trip require an overnight stay outside of lowa? No: \(\subseteq \frac{Yes: x}{} \)	(If No, you do not need this waiver)
City (Cities) Traveling To: Chicago, IL	Dates of Travel: May 2 and 3, 2011
Funding Source: X Appropriated 100% Federal: % Of (If the appropriated state funds is 0% -	you do not need this waiver)
*General fund payment, but reimbursed from AG's Consumer Litig	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	ls, Registration, Parking, etc): \$950
Does this Trip Require Executive Council Approval for Conference/Convention	ion? No: x Yes:
If Yes, Have You Received Approval? No: Yes: If Yes, Date:	<u> </u>
Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties (Cite the specific statute) lowa Co	ode sections 13.2(1)(b) & 714.16 - Enforcement of consumer fraud law.
Has potential to bring cost savings or enhanced revenues to the state (x program that will receive the cost savings or enhanced revenues and p of the saving or revenues attributable to the travel)	(Cite the specific Participation in w/ FTC in Workshop on scams provide an estimate relating to lotteries & sweepstakes will enhance lowa AG's ability to address such scams.
Has a benefit or potential benefit which significantly outweighs the pot × the current Executive Council Fact Sheet for qualifying criteria and pro information on the lines below.	
FTC meeting will, in part, result in future multistate or joint FTC-lowa enforcement	t cases including restitution payments for defrauded lowa consumers.
Department Director Signature Thiology	Date: 3 28 /11
This form must be signed by a department head or agency director	r. Email a PDF of the form to executivecouncil@iowa.gov
	Executive Council Approval
 Additional information to assist you in completing this See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waive Thursday at 12:00 noon. 	is considered APPROVED Executive Council
 If your travel requires both Executive Council approval and the wai due to a convention/conference, note that both processes must be separately. See Fact Sheet for further explanation. 	iver justification

Out-Of-State Travel Waiver Justification

000 282

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: One	Contact E-mail: mark.shill@iub.iowa.gov	
	Working Titte: Utilities Regulation Inspector	
Name of Person Attending: Mark W. Shill		
Department: Commerce	Division/Bureau/Section: IUB/Safety & Engineering	
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: X	Reason for Travel: Pipeline Safety Training – PHMSA required	
(If No – you DO NOT need this waiver.)	Dates of Travel: March 21, 2001 - March 25, 2011	
City (Cities) Traveling To: Oklahoma City, OK	(If after June 30, 2011 – you DO NOT need this waiver.) 50% Federal / 50% revolving funds	
(If the coding for the travel claim is appropriation	Other:% If Other, Specify:charged to gas utility company	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	s, Registration, Parking, etc): \$1401.91	
Does this Trip Require Executive Council Approval for Conference/Convent		
If Yes, Have You Received Approval? No: \(\subseteq \text{ Yes: } \subseteq \text{ If Yes, Date:} \)		
Reason for Travel Waiver (Select one)		
Fulfills statutorily required duties. (Cite the specific statute.)		
Has potential to bring cost savings or enhanced revenues to the state. program that will receive the cost savings or enhanced revenues and of the saving or revenues attributable to the travel.)	(Cite the specific provide an estimate	
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)		
Inspection of Natural Gas facilities includes inspecting gas safety and the evaluation of pipelines; (safety regulation application and compliance procedures) are some of the job duties of a Utilities Regulation Inspector. This training course introduces the federal pipeline safety standards for the pipeline failures and inspections of gas pipelines. Under a federal agreement pursuant to Section 60105 of Chapter 601, Title 49 of the United States Code, the lowa Utilities Board (Board) is certified by the Federal pipelines. Under a federal agreement pursuant to Section 60105 of Chapter 601, Title 49 of the United States Code, the lowa Utilities Board (Board) is certified by the Federal pipelines. Under a federal agreement pursuant to Transportation in pipeline safety matters, including LNG. Under the pipeline safety program, the state receives up to 50% federal reimbursement for the expense of conducting the natural gas safety program in cooperation with the federal government pursuant to 40 U.S.C. § 60101 et sec. The Board has participated in expense of conducting the natural gas program since 1968. To ensure that each inspector has knowledge of minimum Federal pipeline safety regulations, pursuant to the agreement, it is mandated that each inspector attend and pass 13 required courses within a period of 3 years from the start of employment in the pipeline safety program. Most required core classes are only offered once in a calendar year and integrity management training is offered on as needed basis. A minimum of 4 classes per year is required to complete the training within the 3-year time frame. Failure of an inspector to complete the classes is a violation of the agreement and could result in a substantial loss of grant funds for lowa.		
Department Director Signature:	Date: 2 - } -	
Department Director Printed Name: Robert B. Berntsen		

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: Jerome.thompson@iowa.gov		
Name of Person Attending: Jerome Thompson	Working Title: Interim Administrator/Historic Preservation Officer		
Department: Cultural Affairs	Division/Bureau/Section: Historical Division		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)		
City (Cities) Traveling To: Sioux Falls, SD	Dates of Travel: April 27-28		
Funding Source: X Appropriated 100% Federal: _% (If the coding for the travel claim is appropriation	(If after June 30, 2011 – you DO NOT need this waiver.) Other:% If Other, Specify:		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meal	ls, Registration, Parking, etc): \$325.00		
Does this Trip Require Executive Council Approval for Conference/Convention	ion? No: X Yes:		
If Yes, Have You Received Approval? No: \(\subseteq \text{Yes:} \subseteq \text{If Yes, Date:} \)			
Reason for Travel Waiver (Select one) X Fulfills statutorily required duties. (Cite the specific statute.) 303.2.2a			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)			
Has a benefit or potential benefit which significantly outweighs the potential benefit which significantly outweighs the potential benefit which significantly outweighs the potential current Executive Council Fact Sheet for qualifying criteria and provide the lines below. (If nonrefundable ticket is the justification, date of pure This is a tribal coordination meeting with the State of South Dakota and the State of	that information on chase is required.)		
Site which has land managed by South Dakota Department of Parks and the State	Historical Society of Iowa		
Department Director Signature: Mary Cownie	Date: 4/19/11		
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form.

See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council

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Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip:			
Name of Person Attending: MATT GAUNON	Working Title: Assistant Allorney Conoval		
Department: Justice	Division/Bureau/Section: Tobacco		
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☑			
City (Cities) Traveling To: Chicago	Dates of Travel: April 11-13		
Funding Source: Appropriated States Federal:	Other: 100% If Other, Specify: Reimbursed by TSA		
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc):		
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: 🔯 Yes: 🗆		
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)			
Fulfills statutorily required duties (Cite the specific statute)	2		
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.			
Department Director Signature	Date: 33111 Email a PDF of the form to executive council@iowa.gov		
Additional information to assist you in completing this t	Form. Executive Council Approval		
See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver Thursday at 12:00 noon. If your travel requires both Executive Council approval and the waived due to a convention/conference, note that both processes must be deseparately. See Fact Sheet for further explanation.	as considered APPROVED Executive Council APR 2 5 2011		

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 2			
Name of Person Attending: Donald D. Stanley, Jr.	Working Title: Special Assistant Attorney General		
Department: Department of Justice	Division/Bureau/Section: Revenue Division		
Will this trip require an overnight stay outside of lowa?	No: Yes: x (If No, you do not need this waiver)		
City (Cities) Traveling To: Chicago, Illinois Dates of Travel: April 11-13, 2011			
Funding Source: Appropriated State: 100% [] (If the appropria	Federal:% Nother: 100% If Other, Specify: Raimbursed by TSA ted state funds is 0% - you do not need this waiver)		
Total Projected Cost of Trip (Include Transportation, N	lileage, Lodging, Meals, Registration, Parking, etc): \$500.00		
Does this Trip Require Executive Council Approval for	Conference/Convention? No: X Yes: □		
If Yes, Have You Received Approval? No: Ye Reason for Travel Waiver (Select one)	s: If Yes, Date:		
X Fulfills statutorily required duties (Cite the speci	fic statute) 13.2		
Has potential to bring cost savings or enhanced program that will receive the cost savings or enh of the saving or revenues attributable to the travel Has a benefit or potential benefit which significant the current Executive Council Fact Sheet for quainformation on the lines below.	anced revenues and provide an estimate al) ty outweighs the potential cost. See		
Department brooks, organization	PiOQu Date: 3/31/1(ead or agency director. Email a PDF of the form to executive council@iowa.gov		
	Executive Council Approval		
Additional information to assist you See Fact Sheet for more com This waiver is required by HF45 from March 7 If no overnight stay is required at a location of incidental and no waiver form needs to be sul The Council meets each Monday at 10:00 a.m. Thursday at 12:00 noon. If your travel requires both Executive Council due to a convention/conference, note that both	in completing this form. Inplete information. Youtil June 30, 2011. Input-of-state, the travel is considered comitted. In Deadline for waiver is the previous APPR 2 5 2011 APPR 2 5 2011		

separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

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This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 1
Department: NATURAL RESOURCES Division/Bureau/Section: Conservation&Rec/Fisheries/SW Region Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this waiver) City (Cities) Traveling To: KANSAS CITY, KS Dates of Travel: 04/20/11-04/21/11 (If after June 30, 2011 – you DO NOT need this waiver.) Appropriated State: Funding Source: Fish & Game Trust Fund 100% Federal: % Other: % If Other, Specify: (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$180 Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: If Yes, Have You Received Approval? No: Yes: If Yes, Date:
Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this waiver) City (Cities) Traveling To: KANSAS CITY, KS Dates of Travel: 04/20/11-04/21/11 (If after June 30, 2011 – you DO NOT need this waiver.) Appropriated State: Funding Source: Fish & Game Trust Fund 100% Federal: (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$180 Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: If Yes, Have You Received Approval? No: Yes: Reason for Travel Waiver (Select one)
City (Cities) Traveling To: KANSAS CITY, KS Dates of Travel: 04/20/11-04/21/11 (If after June 30, 2011 – you DO NOT need this waiver.) Appropriated State: Funding Source: Fish & Game Trust Fund 100% Federal:% Other:% If Other, Specify: (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$180 Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)
(If after June 30, 2011 – you DO NOT need this waiver.) Appropriated State: Funding Source: Fish & Game Trust Fund 100% Federal:% Other:% If Other, Specify:(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$180 Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: If Yes, Have You Received Approval? No: Yes: Reason for Travel Waiver (Select one)
Appropriated State: Funding Source: Fish & Game Trust Fund 100% Federal:% Other:% If Other, Specify:
Appropriated State: Funding Source: Fish & Game Trust Fund 100% Federal:% Other:% If Other, Specify:
Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)
If Yes, Have You Received Approval? No: Yes: If Yes, Date:
If Yes, Have You Received Approval? No: Yes: If Yes, Date:
Reason for Travel Waiver (Select one)
i unite statutorily required dudges, (site the opening statutes)
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific
program that will receive the cost savings or enhanced revenues and provide an estimate
of the saving or revenues attributable to the travel.)
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.)
les rigande
Department Director Signature: Date: 4-19-4
Department Director Printed Name: ROGER LANDE
Department Director Finited Name. 1000END-010E
This form must be signed by a department head or agency director. Email a PDF of the form to executive council@jowa.gov
Additional information to assist you in completing this form. See Fact Sheet for more complete information. Executive Council Approval
This waiver is required by HF45 from March 7 until June 30, 2011.
If no overnight stay is required at a location out-of-state, the travel is considered
incidental and no waiver form needs to be submitted.
incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous APPROVED Executive Council
incidental and no waiver form needs to be submitted.

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	4	Contact E-mail: MELISSA	A.SPEED@DNR.IOWA.GOV
\$100000, \$17000 \$1000 BEST \$1000000000 \$1.000000000000000000000000			
Name of Person Attending:	Aaron Pickens	Working Title: Environmental	Specialist Senior
Department: Natural Resou	irces	Division/Bureau/Section: ESD/	Field Office
Will this trip require an over	night stay outside of Iowa? No: 🗌 Yes: 🖂	(If No, you do not need this waive)
City (Cities) Traveling To:	Kansas City	Dates of Travel: March 8-10, 20	11
		(If after June 30, 2011 – you DO I	NOT need this waiver.)
Funding Source: Appro	opriated State: $_$ $\%$ \boxtimes Federal: $\underline{75}\%$ \boxtimes (If the coding for the travel claim is appropriation		
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Mea	s, Registration, Parking, etc): \$2	00
Does this Trip Require Exec	utive Council Approval for Conference/Convent	on? No: ⊠ Yes: □	
	7.10 7.20		ş
If Yes, Have You Received A	pproval? No: Yes: If Yes, Date:	**************************************	
Reason for Travel Waiver (S	elect one) ired duties. (Cite the specific statute.)		
of the saving or revenu Has a benefit or potenticurrent Executive Courthe line below. (If nonnederal Environmental Protect federal region. The course confederal region.	re the cost savings or enhanced revenues and ples attributable to the travel.) fall benefit which significantly outweighs the policil Fact Sheet for qualifying criteria and provide efundable ticket is the justification, date of purcition Agency Region 7 in Kansas City hosted "UST Antent assists team members with onsite investigation and four major teams (4 people) attended the every service of the cost of the	ential cost. See the I that information on hase is required.) dvanced Inspector Training," a free n and inspection of underground sto nt to bring back the information to tra	rage tanks according to the federal ining remaining team members.
Department Director Signatu	ire: May Milliage	Date: 4-19-1/	<u></u>
Department Director Printed	Name: ROGER LANDE	_	
This form must be	signed by a department head or agency directo	. Email a PDF of the form to execu	utivecouncil@iowa.gov
This waiver is require If no overnight stay is incidental and no wait The Council meets ear Thursday at 12:00 no	Iformation to assist you in completing this act Sheet for more complete information. If you have a subject of the traverage o	is considered er is the previous	xecutive Council Approval APPROVED Executive Council
	conference, note that both processes must be		APR 2 5 2011

separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

	7,0000 0,000 0,000 40		
Number of People on Trip:	4	Contact E-mail:	MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending:	Tom McCarthy	Working Title: Envi	ronmental Specialist Senior
Department: Natural Resou	rces	Division/Bureau/Sect	ion: ESD/Field Office
Will this trip require an over	night stay outside of Iowa? No: 🗌 Yes: 🖂	(If No, you do not need	this waiver)
City (Cities) Traveling To:	Kansas City	Dates of Travel: Marc	ch 8-10, 2011 — you DO NOT need this waiver.)
Funding Source: Appr	opriated State:%	Other: 25% If Othe	r, Specify: Underground tank fees
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Me	eals, Registration, Parking	, etc): \$200
Does this Trip Require Exec	utive Council Approval for Conference/Conve	ntion? No: 🛛 Yes:	
If Yes, Have You Received A	pproval? No: Yes: If Yes, Date	e:	-
Reason for Travel Waiver (S	elect one) ired duties. (Cite the specific statute.)		2
program that will receive federal region. The course of the saving or revenue. Has a benefit or potent current Executive Courthe line below. (If non Federal Environmental Protected federal region. The course of	cost savings or enhanced revenues to the statute the cost savings or enhanced revenues and use attributable to the travel.) ital benefit which significantly outweighs the pencil Fact Sheet for qualifying criteria and proverefundable ticket is the justification, date of put tion Agency Region 7 in Kansas City hosted "US ontent assists team members with onsite investigation of our major teams (4 people) attended the enterty of the cost	notential cost. See the lide that information on archase is required.) I Advanced Inspector Train tion and inspection of unde	rground storage tanks according to the federal
Department Director Signat	ure: Am Jones	Date: 4-/	19-11
Department Director Printed	Name: ROGER LANDE		
This form must be	signed by a department head or agency direc	tor. Email a PDF of the fo	rm to executivecouncil@iowa.gov
See /	nformation to assist you in completing the fact Sheet for more complete information and the NEAF form March 7 until hard 20, 20	on.	Executive Council Approval
 If no overnight stay is 	ed by HF45 from March 7 until June 30, 20 s required at a location out-of-state, the tra	vel is considered	APPROVED Executive Council
incidental and no wa The Council meets e	iver form needs to be submitted. each Monday at 10:00 a.m. Deadline for w	aiver is the previous	1
Thursday at 12:00 no		(A) *(APR 2 5 2011

due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

	rouse anoner an or are que		
Number of People on Trip:	4	Contact E-mail: N	MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending:	Terry Jones	Working Title: Environ	mental Specialist Senior
Department: Natural Resou	rces	Division/Bureau/Section	: ESD/Field Office
Will this trip require an over	night stay outside of Iowa? No: 🗌 Yes: 🛛	(If No, you do not need thi	s waiver)
City (Cities) Traveling To:	Kansas City	Dates of Travel: March	B-10, 2011
, (,		(If after June 30, 2011 - y	ou DO NOT need this waiver.)
Funding Source: Appro	opriated State:% \boxtimes Federal: 75% \boxtimes (If the coding for the travel claim is appropriation	Other: 25% If Other, 9	Specify: Underground tank fees is waiver.)
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Mea	ls, Registration, Parking, e	tc): \$200
Does this Trip Require Exec	utive Council Approval for Conference/Convent	ion? No: ⊠ Yes: □	
If Yes, Have You Received A	approval? No: Yes: If Yes, Date		
	ired duties. (Cite the specific statute.)	(Cita the analisis	
program that will receive	cost savings or enhanced revenues to the state. we the cost savings or enhanced revenues and pages attributable to the travel.)	provide an estimate	
the line below. (If nonr Federal Environmental Protected region. The course co	ial benefit which significantly outweighs the po- ncil Fact Sheet for qualifying criteria and provid refundable ticket is the justification, date of pure tion Agency Region 7 in Kansas City hosted "UST intent assists team members with onsite investigation each of our major teams (4 people) attended the ever	e that information on chase is required.) Advanced Inspector Training on and inspection of undergr	ound storage tanks according to the federal
Department Director Signate	ure: J. Allega	Date: 4-19	-//
Department Director Printed	Name: ROGER LANDE	_	
This form must be	signed by a department head or agency director	r. Email a PDF of the form	to executivecouncil@iowa.gov
Additional is	nformation to assist you in completing th	is form.	Executive Council Approval

Additional information to assist you in completing this form See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

	riease allswer all of the que	stions usted belo	w.
Number of People on Trip:	4	Contact E-mail:	MELISSA.SPEED@DNR.IOWA.GOV
Name of Person Attending:	Scott Wilson	Working Title:	Environmental Specialist Senior
Department: Natural Resou	rces	Division/Bureau	a/Section: ESD/Field Office
Will this trip require an overr	night stay outside of lowa? No: 🗌 Yes: 🛛	(If No, you do not	need this waiver)
City (Cities) Traveling To:	Kansas City		: March 8-10, 2011
		(If after June 30,	2011 – you DO NOT need this waiver.)
Funding Source:	opriated State: $_$ % \boxtimes Federal: $\underline{75}$ % \boxtimes (If the coding for the travel claim is appropriation	Other: <u>25</u> % II 0000 - you DO NO	f Other, Specify: Underground tank fees T need this waiver.)
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Meal	s, Registration, Pa	arking, etc): \$200
Does this Trip Require Execu	utive Council Approval for Conference/Convent	ion? No: 🛛 🕽	∕es: ☐
If Yes, Have You Received A	pproval? No: Yes: If Yes, Date:		<u> </u>
Danas for Turnel Webser (C.	alast anal		
Reason for Travel Waiver (Se	32.0		
	ired duties. (Cite the specific statute.)	/O'' // 'P	**
program that will receive	cost savings or enhanced revenues to the state. We the cost savings or enhanced revenues and pages attributable to the travel.)	(Gite the specific provide an estimat	e
the line below. (If nonre Federal Environmental Protect	ial benefit which significantly outweighs the pot neil Fact Sheet for qualifying criteria and provide efundable ticket is the justification, date of purc tion Agency Region 7 in Kansas City hosted "UST A ntent assists team members with onsite investigation	e that information hase is required.) Advanced Inspector	on
laws. A representative from ea	ach of our major teams (4 people) attended the eve	nt to bring back the	information to training remaining team members.
Department Director Signatu	ire: Mr Annale	Date:	
Department Director Printed	Name: ROGER LANDE		
		-	
This form must be	signed by a department head or agency director	r. Email a PDF of	the form to executivecouncil@iowa.gov

	nformation to assist you in completing this act Sheet for more complete information.		Executive Council Approval
 This waiver is require 	ed by HF45 from March 7 until June 30, 2011		

- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

APPROVED Executive Council

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Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip:	One	Contact E-mail: wiechm	ann.eric@dol.gov		
Name of Person Attending:	Eric Wiechmann	Working Title: Safety C	Consultant		
Department: Iowa Workford	ee Development	Division/Bureau/Section	Labor - Consultation and Education		
Will this trip require an over	night stay outside of lowa? No: 🗌 Yes: 💢 (If No, you do not need this	waiver)		
City (Citles) Traveling To: Chicago, Illinois Dates of Travel: May 18 – May 26, 2011					
(If after June 30, 2011 – you DO NOT need this waiver.)					
Funding Source: Appropriated State: 25% Federal: 75% Other:% If Other, Specify: (If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)					
	(Include Transportation, Mileage, Lodging, Meals				
Does this Trip Require Execu	utive Council Approval for Conference/Convention	n? No: Yes:			
If Yes, Have You Received A					
Reason for Travel Waiver (So	elect one) red duties. (Cite the specific statute.)				
program that will receive	ost savings or enhanced revenues to the state. (re the cost savings or enhanced revenues and pr es attributable to the travel.)	Cite the specific ovide an estimate	143		
current Executive Coun	al benefit which significantly outweighs the pote cil Fact Sheet for qualifying criteria and provide refundable ticket is the justification, date of purc	that information on			
	hmann is enrolled in a training course that is require		for consultants through the Grant		
	. This course was identified and budgeted for in the				
		13			
Department Director Signatu	re: Lusa Wahler	Date: 4-13	11		
Department Director Printed	Name: Teresa Wahlert	2	1/		
•	i - i - coa coa geri				
This form must be s	igned by a department head or agency director.	Email a DDE of the form to	a avanutiva anunail@iawa nav		
· · · · · · · · · · · · · · · · · · ·	ignor by a department read of agency uncoun.	Linen a ror or the form to	executivecounci(@iowa.gov		
		Г	Executive Council Approval		
Additional info	ormation to assist you in completing this fo	orm.	Executive Council Approval		
This waiver is required.	by HF45 from March 7 until June 30, 2011.		APPROVED		
 If no overnight stay is re 	If no overnight stay is required at a location out-of-state, the travel is considered Executive Council				
 incidental and no waive The Council meets each 	er form needs to be submitted. h Monday at 10:00 a.m. Deadline for waiver	is the previous	APR 2 5 2011		
Wednesday at 12:00 ne	oon.				
If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.					